

# The Stigma of Schizophrenia in Romanian Newspapers: a Content Analysis Approach

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**Abstract:** For most people, media are an important source of information about mental health. Inadequate coverage of mental illness may have a negative impact on public attitudes toward consumers of mental health services. The aim of this article is to identify the content and quality of newspaper articles reporting on schizophrenia. Articles between 2008 and 2011 were analyzed (N=79). First, we used a frame of reference for identifying depictions of schizophrenia in newspapers, proposed by Knifton et al. (2008). Second, after analyzing several media guidelines for reporting on schizophrenia, we derived key indicators of quality reporting, including labels, trivialization of illness and unbalanced storyline. The results show that there were more negative themes than positive ones. Moreover, while the percentage of the dangerousness theme (38%) was higher than the overall percentage of positive themes (22%), discrimination was the least debated issue (6%). In regard to labels, the most prevalent (63%) had a low level of political correctness ("mentally ill", "mental patient"). The stories were unbalanced, portraying persons with schizophrenia as victims of the illness and as offenders. It appears that the media take a more negative stance towards schizophrenia, spreading a distorted image of people with schizophrenia, which might contribute to stigma.

**Keywords:** stigma; politically correct labels; media frames; quality reporting.

**Cuvinte-cheie:** stigmă; etichete corecte din punct de vedere politic; cadru media; calitatea reportajului.

## Introduction

### *Stigmatizing attitudes and the media*

Stigma can be defined as the possession of (or the belief that one has) certain attributes which convey a devalued social identity (Crocker, Major and Steele, 1998; Major and O'Brien, 2005). According to Goffman (1963), stigma is a relation between perceived feature and anticipated stereotype. When the features observed do

not superimpose on expectations, this misfit leads to stigmatizing attitudes. As such, people who have a physical deformity, a mental disorder or a drug abuse problem, are most likely to be socially rejected. Research indicates that some of these groups are more at risk of being stigmatized than others, so that having a mental disorder is perceived more negatively than having a physical disability (Corrigan et al., 2001). In fact, studies have begun to report on public's desire for social distance from people with mental illness as

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early as 1955 (Star, 1955 in Link et al., 1999) and this tendency has continuously been identified since then (Martin, Pescosolido and Tuch, 2000; Corrigan et al., 2001). Social distance is influenced by two main kinds of prejudice against consumers of mental health services (CMHS): authoritarianism and benevolence (Corrigan et al., 2001). The first refers to the belief that a person is unable to care for themselves, thus the health system must take on this role, while the latter is the belief that a person is irresponsible and in need of a permanent caretaker (Corrigan et al., 2001).

Public's negative attitudes towards CMHS seem to emerge from the process of labeling them as being "mentally ill" (Major et al., 2005; Angermeyer and Matschinger, 2003; Link and Phelan, 2001). This leads to emotional reactions - namely fear, anger and pity- and a desire to avoid social contact due to the dangerousness stereotype attached to mental illnesses (Link et al., 1999; Martin et al., 2000; Corrigan, 2001; Angermeyer et al., 2003). For example, research participants endorse the dangerousness stereotype when symptoms of mental illnesses are depicted in vignettes, even though no mention of violent behavior has been made (Link et al., 1999). Consequently, some authors consider psychiatric labels themselves as stereotypes because they can automatically trigger negative behavioral and emotional responses (Angermeyer et al., 2003).

It should be stressed though that not all mental illnesses are equally stigmatized. (Corrigan, 2001). Depending on the attribution of blame for the disorder, the severity of stigma can differ, putting persons with addictions and psychoses at higher risk of being stigmatized than persons with mental retardation or depression (Corrigan, 2001). In other words, attributing the causes of mental illness to internal factors is associated with less willingness for social interaction, as opposed to external factors such as genetics or environmental stress

(Martin, 2000). Moreover, there is evidence suggesting that some mental disorders have more stereotypes attached, which increase social distance and discrimination. Namely, people are more likely to associate schizophrenia with unpredictability, violence, incompetence and poor prognosis than other disorders. (Angermeyer et al., 2003; Boisvert and Faust, 1999; Angermeyer and Matschinger, 2004; Furnham and Chan, 2004; Kooyman et al., 2007). Using Goffman's (1963) classification of stigma, we can state that schizophrenia has a character stigma attached, due to the association with the above-mentioned traits.

There are also differences in the effect of contact with mental illness on stigma: knowing someone with depression, panic or phobia can decrease the likelihood of holding stigmatizing beliefs against people with these disorders, but this may not apply to other mental illnesses, such as schizophrenia, dementia or eating disorders (Crisp et al., 2005). The setting is also relevant, because having contact in a psychiatric hospital does not reduce stigma (Couture and Penn, 2003).

Nevertheless, even if people have no experience with CMHS, they can still learn about mental disorders through various sources of information.

The mass media are the public's primary source of information about health issues (Seale, 2003), and about mental illness in particular (Corrigan et al., 2002; Penn, Chamberlin and Mueser, 2003; Stout, Villegas and Jennings, 2004). The media provides information about the experience of illness, causes and risk factors, the behavior of health care providers and the impact of health policies which influence the audience in making various health decisions. These include choosing when to visit their physician or voting a particular health care policy (Seale, 2003).

In respect to mental disorders, international research has constantly showed that the images of CMHS depicted in the media

are negatively biased (Stout et al., 2004; Klin and Lemish, 2008; Sieff, 2003; McKenna, Thom and Simpson, 2007; Corrigan et al., 2005; Barnes and Earnshaw, 1993; Chopra and Doody, 2007; Wilson et al., 2000; Stark, Paterson and Devlin, 2004). In prime-time television movies, over 70% of the characters with mental illness are violent, socially inadequate, or incapable of holding down a job (Stout et al., 2005; Klin et al., 2008). Furthermore, music and lighting are used in order to emphasize the dangerousness of these characters (Stout et al., 2005). In children's cartoons, almost half of the episodes include characters who are presumed to be "loonies", and who generally play the evil villain role (Stout et al., 2005; Wilson, 2000). They usually have distinguishing physical features (e.g. messy hair, large hands or feet), wear costumes and act in an illogical manner such as hitting their head with a hammer (Wilson, 2000). In newspapers, there is an overrepresentation of stories involving CMHS in which they are presented as suicidal, violent, unpredictable or dependent (Sieff, 2003; Corrigan et al., 2005; Barnes et al., 1993; Chopra et al., 2007; Stark et al., 2004; Stuart, 2003), while positive stories are scarce (Angermeyer et al., 2004; Chopra et al., 2007; Stuart, 2003). These stories are usually located in the front sections of the newspapers (Corrigan et al., 2005), highlighted with bold letters and associated with emotional photographs (Chopra et al., 2007), which is more likely to attract readers' attention.

Therefore, it is not surprising that people who have serious mental illnesses have reported media representations of mental illness as a source of distress (Schulze and Angermeyer, 2003; Dinos et al., 2004; Dickerson et al., 2002), considering them "offensive" or "hurtful" (Dickerson et al., 2002). Goffman (1963) stated that stigma leads to a damaged sense of identity through a process of social rejection and isolation.

However, we should not assume that the media are responsible for the actual formation of the negative attitudes towards people with mental illnesses. According to the social constructivism paradigm of media effects, mass media construct social reality (Scheufele, 1999) by framing images, which help to organize and simplify information (Sieff, 2003). Media also contribute to the construction of personal identity (Seale, 2003). Media frames are nevertheless based on the audience's knowledge or attitudes (Anderson, 2003). In other words, the audience takes part in constructing the meaning of the message (Scheufele, 1999). In regards to CMHS, this means that the media are not the generators of the common stereotypes of mental illness, but the reinforcers of already existing biases thorough the process of selective coverage (Klin et al., 2008; Sieff, 2003, Knifton and Quinn, 2008).

In the initial paragraphs, we mentioned that the first study which identified the public's tendency to avoid CMHS was in 1955. Two years later, after investigating representations of mental illnesses in magazines, newspapers and television, Taylor reported that people diagnosed with psychosis were described as being "dangerous, dirty and unintelligent" (Sieff, 2003). Examining the two pieces of information together, we can note how the media can both mirror and reinforce public beliefs. Another evidence to this claim is that mental illnesses are portrayed differently in the media, according to the stigma attached to them. This is the reason why we consider that it may be more sensible to focus on one disorder when analyzing media representations, rather than on all of them. We choose to focus on schizophrenia, given that there is strong evidence suggesting that this mental disorder is one of the most stigmatizing (Martin et al., 2000; Link et al., 1999; Dietrich et al., 2004; Matschinger and Angermeyer 2004; Lauber et al., 2004; Phelan et al., 2000;

Angermeyer and Matschinger, 1994; Tanaka et al., 2005).

### *The Romanian mental health system*

Currently, the Romanian mental health system is reforming, but nonetheless it remains medically oriented, rather than rehabilitation oriented (Prot-Klinger, 2006). The deinstitutionalization process is ongoing, since the number of mental hospitals is reducing and in fact, Romania has one of the smallest number of psychiatric hospital beds in Europe (76.1 beds at 100.000 inhabitants). In 2004, there were a total of 16.467 beds in 38 psychiatric hospitals in Romania, and 75 psychiatric units in general hospitals (Romanian Ministry of Health, 2006). After 2004, there is no data published on this topic. We should note that Romania has 42 counties and only 38 psychiatric hospitals, which means that even before the beginning of deinstitutionalization, the population's access to medical services was limited. We should take into account that the incidence of schizophrenia in Romania is 1%, close to the incidence rate in other European countries (WHO, 2004). Moreover, the number of psychiatrists is small (4.2 at 100.000 inhabitants) and most of them are located in big cities of the country (Romanian Ministry of Health, 2006). The psychiatric hospitals have few psychologists and social workers (Vlădescu, Scîntee and Olsavszky, 2008), which means that hospitals are not focused on psychosocial assistance. As a consequence, the outpatients do not receive counseling which supports self-sufficiency, making it difficult for them to adjust to deinstitutionalization, might lead to more stigmatization in the social network.

The community care has been, until recently, lacking, in consequence 10 ambulatory centers for mental health have been created, which can offer rehabilitation

programs (Romanian Ministry of Health, 2006). In addition, a National Centre of Mental Health was developed in 2006, which functions within the National Institute of Research and Development in Health. Also, 110 observers were distributed in psychiatric hospitals, in order to ensure that patients' rights are being respected. In regards to funding however, only 7 hospitals received resources for improving conditions and medical care.

Clearly, efforts are being made for the purpose of deinstitutionalization, but this does not guarantee the successful integration of the CMHS into the community. Consequently, stigmatization may be a greater concern in Romania than in other countries where this process has been ongoing. In response to this problem, Romania outlined a National Program for Mental Health and Prophylaxis in Psychiatric and Psychosocial Pathology, which five years later was developed into a national mental health strategy (Vlădescu, Scîntee and Olsavszky, 2008). One of the main points was related to stigma and discrimination. Later on, in a public document which describes its activity, the Romanian Ministry of Health still acknowledges stigma as being one of the weak points in the mental health policies implemented so far (Romanian Ministry of Health, 2006).

We can investigate the issue of stigma by assessing public attitudes and analyzing media reports. We chose the latter because it provides observable data, which is less influenced by social desirability than reported attitudes (Knifton et al., 2008). In other words, we chose a study of representation, not of reception. Furthermore, we wish to determine whether the media are reinforcing negative stereotypes of schizophrenia.

Consequently, the aims of this study is to identify trends in media reporting on schizophrenia in Romanian press and

assess the level of quality reporting. Our research questions are the following:

- How are people with schizophrenia represented in the Romanian national press?
- Are the Romanian newspapers following the media guidelines for reporting on schizophrenia?

## Methods

### *Data Collection*

We selected the first five newspapers according to their circulation figures<sup>1</sup>, which have national coverage. The data collection covers a three-year period, from

the 1st of January 2008 to the 31st of December 2011.

First, we identified the articles related to schizophrenia by searching the online database of the each newspaper for the following terms: “schizophrenia”, “schizophrenic”, “schizo”. We gathered 102 articles which we then browsed for stories related to a person with schizophrenia or to people with schizophrenia in general. The articles which addressed issues of advocacy, description of illness and treatment were eliminated. Also, we found 8 articles in which “schizophrenia” was used metaphorically. As a result, 79 articles met our inclusion criteria. The newspapers we selected for our analysis are listed below, in table 1.

**Table 1:** *Newspapers included in the analysis and number of articles*

<b>Name of the newspaper</b>	<b>Articles found</b>
Evenimentul zilei	23
Adevărul	18
Jurnalul Național	16
Cotidianul	13
România Liberă	9

### *Coding scheme and procedure*

The prevalent method for assessing specific trends in the media is content analysis (Stout et al., 2004), which is also our choice in this study. However, instead of developing our own themes as they emerge from the articles, we decided to use a predefined frame of reference for identifying depictions of schizophrenia in newspapers (Knifton et al., 2008). The line of reasoning for our decision is the following:

- Categorizing articles in positive and negative, as well as the coding process requires a high level of subjectivity, which can make comparisons between various media analyses difficult.
- Using a content analysis framework provides more accuracy to the process.

- The themes of the frame of reference are clearly defined, allowing for high inter-rater reliability.

The frame of reference (table 1) was developed by reviewing 31 studies of media representations of schizophrenia. The themes identified were grouped into categories, which were then regrouped into core themes with positive and negative dimensions. Each theme was given a description, for both the positive and the negative dimension.

Each article was analyzed individually for each theme and by each researcher independently, making the content analysis more accurate. When we identified a theme, we first established if it was positive or negative, then searched for the next one.

**Table 2:** *The frame of reference for representations of schizophrenia*

Theme	Negative dimension	Positive dimension
<i>Recovery</i>	Recovery pessimism	Recovery optimism
<i>Blame</i>	Contribution/weakness	Resilience
<i>Dangerousness</i>	Dangerous	Not dangerous
<i>Capability</i>	Incapable, strange	Talented
<i>Contribution</i>	Burden/lack social roles	Positive social roles
<i>Discrimination</i>	Social abuse victim	Social support
<i>Self-harm</i>	Harm to self	Not dangerous to self
<i>Valued by society</i>	Object of pity	Admired and valued

For the second research question, we analyzed several media guidelines for reporting on schizophrenia. We also included guidelines for reporting on all mental illnesses. The guidelines used were Reporting Suicide and Mental Illness – A Mindframe Resource for Media Professionals (2009) and The Reporting on Mental Health and Suicide by the Media- A Practical Guide for Journalists (2006). Based on the analysis, seven main

indicators of quality reporting were derived. They are written in a negative form, according to the guidelines which draw attention to key aspects – related to stigmatization – which a journalist needs to avoid.

The indicators were then divided into two categories, based on their level of specificity. The indicators are shown in tables 3 and 4, along with a brief description.

**Table 3:** *Specific indicators of quality reporting*

<b>Considering them victims of their own illness</b>	Using “suffering from” or “afflicted by” schizophrenia
<b>Using inappropriate language when referring to people with schizophrenia</b>	Emphasis on the illness dimension: “mental patient”, “mentally ill”
	Derogatory terms: using offensive words, which are highly stigmatizing: “schizophrenic”
<b>Using inappropriate terms for psychiatric units</b>	“mental institution” or slang words
	Using “released from hospital” instead of discharged or left hospital, “locked up” instead of hospitalized

**Table 4:** *General indicators of quality reporting*

<b>Trivializing the illness</b>	Using humoristic remarks about the symptoms or actions which can be influenced by the illness
<b>Unbalanced storyline</b>	Presenting people with schizophrenia as having only negative traits or exhibiting only negative behavior
<b>Unreliable sources of information</b>	Using the label “schizophrenia” based on assumptions made by non-psychiatrists (friends, neighbors, police )
<b>Neglecting the right to privacy</b>	Revealing the illness despite that the person has not disclosed their mental health status
	Stating the illness in the title

The articles were analyzed individually, following these criteria. First, we focused on language and we marked every phrase which was consistent with the specific indicators. Then, we focused on the article as a whole, following the general indicators.

## Results

Table 5 shows the percentage of articles which contain one or more of the reference themes. The themes are listed in order of occurrence. Several important findings emerge:

- The positive dimensions of each theme are underrepresented, with the “self-

harm” and “valued by society” themes lacking.

- The percentage of the negative dangerousness theme (38%) is higher than the percentage of all positive dimensions combined (22%).
- The most debated subject in the articles is related to dangerousness (47%), followed by capability (24%).
- Discrimination – which is an essential topic related to stigma – is the least debated issue (6%).

Given the high prevalence of the dangerousness theme, we feel the need to expand on this topic in order to comprehend how this particular theme might impact the readers.

**Table 5:** *Percentage of recurrent themes*

Theme	Negative		Positive		Overall Percentage
	Number	Percentage	Number	Percentage	
<b>Dangerousness</b>	30	38%	7	9%	47%
<b>Capability</b>	15	19%	4	5%	24%
<b>Self-harm</b>	13	16%	0	0%	16%
<b>Valued</b>	13	16%	0	0%	16%
<b>Contribution</b>	9	11%	3	4%	15%
<b>Recovery</b>	6	8%	2	3%	12%
<b>Blame</b>	7	9%	1	2%	11%
<b>Discrimination</b>	4	5%	1	2%	6%

In more than 80% of cases, the dangerousness theme was identified in relation to violent offenses committed by people with schizophrenia. When a murder was involved, the description of the events included precise details about the crime (e.g. the number of stabbings). The person who committed the crime was seldom referred to by name, instead pejorative labels such as “schizophrenic” or “insane” were used. The apparent lack of remorse and motive were also discussed. Moreover, psychiatrists’ statements were usually added in the story, which were placed out of context as further evidence of

dangerousness: “The patients cannot be left without medical treatment because they would be out of control.”

Furthermore, we noted there were some remarks that indirectly opposed deinstitutionalization, supported by the tendency to generalize the risk for violence to the entire population of people with schizophrenia. The example above clearly illustrates this chain of thought:

1. “The man who stabbed his girlfriend 10 times (...) belonged in a psychiatric hospital, according to psychiatrists.”

This is a statement of fact, that is, the crime and a psychiatrist's opinion about this particular case.

2. (...) they (people with schizophrenia) are unpredictable and frightening and have a tendency towards aggression.”

This is a generalization of the presumed propensity towards violence.

3. “Those who are left in the community (the outpatients) are an immediate threat, the doctors state.”

This is a claim which is against deinstitutionalization. It suggests that, given the risk posed by people with schizophrenia – which is presented like a real danger, they should not live in the community.

In regards to the second research question, the analysis revealed that the quality of reporting varies according to specific indicators (table 6).

We found that, in most cases, the articles relied on valid sources of information, did not reveal the illness if the person had decided to conceal it and did not trivialize schizophrenia. However, the level of quality was lower for indicators referring to language and storyline. That is, in more than half of the articles (54%), people with schizophrenia were considered victims of their illness (e.g. “patients are tortured by hallucinations”), particularly when the story is related to violence. Furthermore, the majority of the stories discarded the positive, while placing emphasis on aggressive behaviors and negative traits, that were usually the common stereotypes of unpredictability, irresponsibility or lack of control.

**Table 6:** *Quality of reporting according to general and specific indicators*

<b>Victims of their illness</b>	<b>54%</b>	<b>Trivializing the illness</b>	<b>9%</b>
<b>Inappropriate language for people with schizophrenia</b>	Emphasis on the illness dimension: <b>63%</b>	<b>Unbalanced storyline</b>	<b>68%</b>
	Derogatory terms: <b>18%</b>	<b>Unreliable sources of information</b>	<b>5%</b>
<b>Inappropriate terms for psychiatric units</b>	<b>18%</b>	<b>Neglecting the right to privacy</b>	Revealing the illness <b>3%</b>
	“released from hospital” “locked up” <b>10%</b>		Title: schizophrenia <b>28%</b> , mental illness <b>16%</b>

Given the importance of language- especially labels- in the activation of prejudicial attitudes towards a stigmatized group, which we discussed in the introduction, we wished to further examine this aspect in our analysis. As table 7 shows, the language used when referring either to people with schizophrenia or to psychiatric hospitals is inappropriate. There was a strong tendency to reduce the

identity to the illness dimension by using labels such as “mental patient” or “mentally ill person”. The total of 238 labels we counted were classified into three categories, according to their level of political correctness, following the classification of labels according to Penn & Nowlin (2001). We also added another category of pejorative labels.



**Table 7:** *Degree of political correctness of labels used to denominate people with schizophrenia*

Degree of political correctness			
High	Moderate	Low	Pejorative
5%	14%	63%	18%

In the first category we included the label “person with mental health problems”, which was the least used, followed by the moderate labels “person with mental illness/schizophrenia”, “beneficiary” (of mental health services). The labels “mentally ill” and “mental patient” were listed in the low degree of political correctness and the offensive labels (“schizophrenic”, “insane”, “mentally disabled”, “murderer”) were included in the pejorative category. The fact that we identified the latter category in the articles and the higher prevalence compared with the first two categories indicates a low quality of reporting, with respect to language.

We were surprised to find that some articles contained both high and low politically correct labels, as well as the combination between moderate and pejorative categories. As in the case of the general indicators, we observed that the quality of language indicators was variable.

## Discussion

This study investigated two aspects of media reporting on schizophrenia. First, we wished to determine how people with schizophrenia are being represented in newspaper articles and second, we aimed to examine whether the articles abide by media guidelines. Both issues are relevant for stigmatization, given that the media follow public opinion (Smith, 2002) and, in turn, the audience draws upon the information on health issues when formulating an opinion (Seale, 2003).

A main finding was the uneven proportion between the positive and negative dimensions of the reference themes. Both the number and the percentage of the negative dimensions was higher, which illustrates a negative framing of people with schizophrenia. Media frames help to organize and simplify information about mental illness (Sieff, 2003) and if the trend is negative, the disproportionate image is constantly being reinforced.

Furthermore, the dangerousness theme was the most prevalent and the fact that it outnumbered all the positive dimensions combined suggests that this topic might represent a major public concern. The central focus on legal cases related to a subgroup of people with schizophrenia reinforces the stereotype of the illness which is then attributed to the entire population (Angermeyer and Matschinger, 1996; Philo, 1996). It should also be taken into account how the homicide reporting is framed. In our study, many details about the crime were given, the lack of remorse was often emphasized and the offender had no social identity, which makes generalization easier for the readers. According to a study that compared media coverage of homicides committed by offenders with mental illness with a sample involving offenders with no mental health problems (McKenna, Thom and Simpson, 2007), the stories are presented differently. Highlighted titles, comments by friends and family of the victims and the private life of the offender are more likely to appear in the first case than in the latter. Also, there is more interest in the murder and the court case, rather than the results of the investigation (Stark, Paterson and Devin,

2004) These data indicate that a double standard might exist in the media in regards to violent attacks: if the offender has a mental illness, they are treated differently than those who do not. Especially when the person has schizophrenia, the automatic elicitation of the dangerousness stereotype (Devine, 1989) may increase this likelihood.

Another contributing factor to fostering stigma against people with schizophrenia is contextualization: the activation of stereotypes may be easier when a group is presented in roles typically associated with it (Wittenbrink, Judd and Park, 2001). In our study, the prevalent association between violent offenses and schizophrenia may have this effect, combined with the scarcity of the positive dimensions such as capability, social contribution or value. Moreover, according to Seale (2003), the audience does not require to read the entire information to understand the message. When reading a fragment of the story, the audience fills in the gaps relying on pictures or parts of a discourse. If we combine this piece of information with Goffman's stigma symbols, we might argue that the newspapers create schizophrenia symbols, that are easily understood when browsing an article. A stigma symbol is a sign, frequently made available and received by a group, which emphasizes a discrepancy between a feature and the general expectations, or as Goffman put it, a "spoiled identity". In our case, the apparent lack of remorse in relation to a murder can be considered a stigma symbol because it does not fit our society's norms regarding compassion for others and regret about doing something "wrong". We refer here to the concepts of right and wrong according to shared standards of behavior in our culture.

The analysis of the quality of reporting revealed another source of stigma: language. Although the articles usually avoided trivialization of illness, used

reliable information and did not reveal the illness, the language used decreased their overall quality. We found that the majority of the labels (63%) used to describe people with schizophrenia had a low level of political correctness and emphasized the illness. We also identified pejorative labels, which sometimes appeared in the headlines. The high politically correct labels were the least frequent (5%), suggesting the need for a mental health education program for journalists, in order to develop a proper language when referring to mental illness. We argue that this may be a crucial step towards destigmatizing people with schizophrenia, due to the fact that politically correct labels – as opposed to low politically correct or pejorative labels- are associated with less negative emotional responses and with the belief of recovery (Penn et al., 2001). However, they are also associated with attribution of control (Penn et al., 2001), which can be both a positive outcome, but might also increase blame in murder cases. Therefore, the program should also provide accurate information to the general public about the risk of violence in schizophrenia and other mental disorders.

Using "schizophrenia" as a metaphor must also be brought to media's attention. Although we did not include those articles in our analysis because they did not portray people with schizophrenia, nevertheless this is an issue worth considering. In all five instances, the word "schizophrenic" stands for a description of an unusual, unreasonable or even foolish idea or behavior. In general, the articles addressed unpopular courses of action in Romanian politics or statements made by politicians. We believe that using "schizophrenia" out of context in this manner- although no reference to people with schizophrenia has been made- can by itself contribute to stigmatization because it gives negative meaning to this illness. Nevertheless, the frequency of this metaphor in the articles

we investigated was almost three times lower than that of a study which analyzed this issue in American newspapers: 10% compared to 28% (Duckworth et al., 2003). From this point of view, it seems that the quality of reporting is higher in Romanian newspapers.

## Limitations

We acknowledge the fact that the sample of articles we collected was limited, in part because we wanted to examine how the persons with schizophrenia are depicted, and not the illness itself. We also did not include issues related to treatment. However, the information we collected using this strategy is more relevant for determining whether or not the articles are stigmatizing and to some extent permits the generalization of results. Another limitation of our study might be the choice of a predefined frame of reference, rather than using a standard thematic analysis approach. As a result, there may have been unidentified themes in the articles. However, the frame of reference included all main themes identified in previous research, so this likelihood is small.

## Conclusions

This is the first study to investigate media representations of people with schizophrenia in the Romanian press. We found that the relationship between stigma and the media is complex. Stigma is a social construction (Crocker et al., 1998), in which the media might take part by exposing the audience to situational cues that activate stereotypes. Moreover, negative framing can undermine the effects of antistigma campaigns (Angermeyer and Schulze, 2001). One study has shown that public attitudes towards people with mental

illness have significantly deteriorated between 1994 and 2003 in England and Scotland, with a larger effect in England (Mehta et al., 2009). The discrepancy has been linked with the selective manner in which media in England reported about mental illness in relation to violence.

Consequently, taking into account the role that media play in stigmatization, we could consider the media as a resource for reducing stigma. Involving the media in antistigma campaigns may prove to be essential for ensuring their success, especially taking into account the fact that the media seem not to be tuned with importance of this matter (Hayes, 2007). In our case, discrimination was the least debated issues in the articles we analyzed.

A campaign targeted at the general public which might prove to be effective could include lectures or debates on this issue, cinema events and workshops on media reporting (Vieth, 2009). So far, the biggest campaign on stigmatization of CMHS has been conducted by four non-governmental organization and financed by the EU PHARE program “Now you know what you should care about” (Vlădescu, Scîntee and Olsavszky, 2008). The media was involved by broadcasting a mental health video clip on national and local channels.

Moreover, critical for a successful professional reintegration would be an anti-stigma campaign at the workplaces, as some people may be resistant in working with a person they find unpredictable or unreliable. Also, employers need to be well-informed about mental illnesses and that many, if not most CMHS are indeed able to work. They should be willing to adapt a work schedule when needed. Employment is particularly beneficial for people with schizophrenia, because it reduces the burden of disease and increases the level of social integration and the overall quality of life (Vieth, 2009). In 2006, the Romanian government has

passed a law which promotes social inclusion of CMHS and protects their rights, however this law has not enjoyed employers' support. We make this claim because, despite the several tax rebates and grants received by the employer when hiring a person with mental health problems, Romania continues to have one of the lowest rates of professional integration of people with disabilities in Europe – below 13% (Asociația Profesională Nonguvernamentală de Asistență Socială, 2013). We currently do not have any data in regards to the rate of professional integration of people with schizophrenia, or of CMHS, the data comprises people with physical and mental disabilities. We should

note that, much to the disappointment of non-profit organization in Romania, the law which protects their rights refers to them as “people with handicap” (Asociația Profesională Nonguvernamentală de Asistență Socială, 2013). Clearly, efforts must be made so that people and institutions will use a political correct language.

In response to the need of professional integration of people with disabilities, the government has initiated in 2011 the INSERT project with the main goal of creating a new model of professional orientation and rehabilitation of these people ([www.reinsert.eu](http://www.reinsert.eu)). Hopefully, this project will be followed by others, aiming to destigmatize CMHS.

## Note

<sup>1</sup> [www.brat.ro](http://www.brat.ro).

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